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** CONTINUING DATA ***************************

** FOREIGN APPLICATIONS ********************

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 04/01/2004

Foreign Priority claimed ☐ yes ☐ no 35 USC 119 (a-d) conditions met ☐ yes ☐ no ☐ Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials	STATE OR COUNTRY IN	SHEETS DRAWING 3	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3

ADDRESS
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TITLE
MODULAR RADIAL COMPONENT FOR A TOTAL WRIST ARTHROPLASTY

FILING FEE RECEIVED 1334	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	☐ All Fees
		☐ 1.16 Fees (Filing)
		☐ 1.17 Fees (Processing Ext. of time)
		☐ 1.18 Fees (Issue)
		☐ Other _____
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